

HEART DISEASE AND STROKE

WHAT IS THE PUBLIC HEALTH ISSUE?

- Heart disease and stroke, principal components of cardiovascular disease (CVD), are our nation's first and third leading causes of death for both women and men, and account for nearly 40% of all deaths.
- Almost 90% of middle-aged Americans will develop high blood pressure in their lifetime. Nearly 70% of Americans with high blood pressure do not have it under control.
- Ten million Americans are disabled as a result of stroke and heart disease. Heart disease is a leading cause of premature, permanent disability in the U.S. labor force.
- In 2004, the cost of cardiovascular disease in the United States is estimated to be \$368 billion.
- Cardiovascular diseases are the leading cause of black/white life expectancy disparities, and account for one third of this disparity.

WHAT HAS CDC ACCOMPLISHED?

In 1998, with funds from CDC's Chronic Disease Prevention and Health Promotion appropriations, CDC launched the country's first nationwide state-based public health program to address the leading cause of death in our nation—heart disease and stroke. Today, 11 states are funded for basic implementation of this program. Twenty-two states and the District of Columbia are funded for planning and capacity-building processes, which prepare them for program implementation. These programs are attacking the major risk factors of high blood pressure and high blood cholesterol which contribute to heart disease and stroke. People die or are disabled unnecessarily every day because they delay getting medical help when experiencing symptoms of a heart attack or a stroke. Many people do not receive proper preventive care because, often, the medical care system does not fully adhere to national guidelines for the prevention and control of high blood pressure, high blood cholesterol, heart disease, and stroke.

CDC and state programs are working to promote education about the early signs of a heart attack or stroke, develop policies for universal 911 coverage, and improve access to quality care to prevent and manage high blood pressure, high blood cholesterol, stroke, and heart disease. CDC is also developing state-based registries to measure and improve the quality of acute and long-term care received by stroke survivors. Improving care for stroke survivors can significantly reduce the severity of disabilities, improve quality of life, and reduce deaths from stroke. In 2003, CDC released *A Public Health Action Plan to Prevent Heart Disease and Stroke* that charts a course for CDC and collaborating public health partners and other agencies for heart disease and stroke prevention over the next two decades. States funded in 2003 include: Basic Implementation—Florida, Georgia, Maine, Missouri, Montana, New York, North Carolina, South Carolina, Utah, Virginia, and West Virginia; Capacity Building—Alabama, Alaska, Arkansas, Colorado, Connecticut, District of Columbia, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Nebraska, North Dakota, Ohio, Oklahoma, Oregon, Tennessee, Texas, Washington, and Wisconsin.

Example of Program in Action

Montana's program is using the *Guidelines Applied in Practice*, developed by the American College of Cardiology, to help hospitals develop systems to implement acute care guidelines and secondary prevention practices. Missouri's program is partnering with the Diabetes Control Program and Federally Qualified Health Centers to administer and evaluate a comprehensive approach to improving standards of care for patients with cardiovascular disease, hypertension, and diabetes. Kentucky's program is addressing quality improvement and patient care management using the American Heart Association *Get with the Guidelines for Coronary Artery Disease*.

WHAT ARE THE NEXT STEPS?

CDC will continue as a national leader to strengthen state programs; identify populations at the highest risk for heart disease and stroke; and design programs for those populations. CDC will enhance monitoring and evaluation systems for measuring and improving program impact. CDC will also continue to build collaborations with national partners to promote policy and environmental changes to improve adherence to national guidelines and access to quality care.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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